POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND

POWER OF ATTORNEY	Application Number	09787103		
OR	Filing Date	2001-07-25		
	First Named Inventor	KENNEDY, Julian J.		
	Title	Video Gaming Device and Communications Sys		
	Art Unit	3713		
CHANGE OF CORRESPONDENCE ADDRESS	Examiner Name			
CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	1285.08		

$\overline{}$		Attorney Docket	1203.0	·	
I hereby revoke all previous powers of attorney given in the above-identified application.					
	ney is submitted herewith.				
OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our altomey(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewish		08685			
OR		cronule) or agent(e)	to overenute the e-	-1:1: (44:6-4 -5	
I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:					
F	Practitioner(s) Name		Registration Number		
					-
Planta recogniza o	r change the serversedence add		- 14	r. e	
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number.					
OR				٦	
The address asso	ociated with Customer Number.				
Firm or Individual Name					
Address					
City		1 0:			
Country		State		Zip	
Telephone		Email			
I am the: Applicant/Invento OR Assignee of reco Statement under	or. ord of the entire interest. See 37 CFR 3.71. 37 CFR 3.73(b) (Form PTO/SB/96) submit	ited herewith or filed	i on		
	SIGNATURE of App				
Signature	July 2		Date	4/10/12	
Name	Julian J. Kennedy		Telephone	(843) 361-0853	
Title and Company President NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one					
signature is required, see b	elow*.			. South manple forms if me	No nimi 006
*Total of	forms are submitted.				

The obscision of references is required by 27 CFR 131, 132 and 133. The information is required to obtain or retain a benefit by the public-which is to file (and by the PMP OF possions) in registration. Conditional registration control in registration control in registration control in registration (and the public which is a settinated to take 3 miles to complete, relativing pathering, preparing, and absorbing the complete graduation for the control in registration of the control in registra

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.